

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mrs. HUTCHISON (for herself, Mr. ABRAHAM, and Ms. SNOWE):

S. 2018. A bill to amend title XVIII of the Social Security Act to revise the update factor used in making payments to PPS hospitals under the Medicare program; to the Committee on Finance.

By Mr. KYL:

S. 2019. A bill for the relief of Malia Miller; to the Committee on the Judiciary.

By Mr. COCHRAN (for himself and Mr. LOTT):

S. 2020. A bill to adjust the boundary of the Natchez Trace Parkway, Mississippi, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. BROWNBACK (for himself, Mr. LEAHY, Mr. COCHRAN, Mr. JEFFORDS, Mr. HELMS, Mr. DURBIN, Mr. LUGAR, Mr. EDWARDS, Mr. VOINOVICH, Mr. MCCAIN, and Mrs. FEINSTEIN):

S. 2021. A bill to prohibit high school and college sports gambling in all States including States where such gambling was permitted prior to 1991; to the Committee on the Judiciary.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. ASHCROFT (for himself, Mr. BOND, Mr. FITZGERALD, and Mr. DURBIN):

S. Res. 250. A resolution recognizing the outstanding achievement of the St. Louis Rams in winning Super Bowl XXXIV; considered and agreed to.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. HUTCHISON (for herself, Mr. ABRAHAM, and Ms. SNOWE):

S. 2018. A bill to amend title XVIII of the Social Security Act to revise the update factor used in making payments to PPS hospitals under the Medicare program; to the Committee on Finance.

THE AMERICAN HOSPITAL PRESERVATION ACT

Mr. HUTCHISON. Mr. President, I rise today to introduce, along with my distinguished colleague from Michigan, Mr. ABRAHAM, the American Hospital Preservation Act.

This legislation builds upon legislation we introduced last year to preserve the ability of American hospitals to continue to provide the highest level of health care to be found anywhere in the world. The bill will fully restore scheduled cuts in annual inflation adjustments for in-patient services given to hospitals under the Medicare program.

Mr. President, last year Congress passed legislation restoring almost \$17 billion over five years in scheduled

cuts and reductions in increases in provider reimbursement payments for various Medicare services. While some of these cuts were mandated by the 1997 Balanced Budget Act, or "BBA," which laid the historic foundation for the balanced federal budget we enjoy today, many more of the cuts and the dramatic impact of some of the cuts came as a direct result of policies and practices of the Health Care Financing Administration. All told, Medicare providers faced an estimated \$200 billion in reduced payments over the next five years, far in excess of the 1997 estimate of \$116 billion in savings. On top of this, in 1999 the Clinton Administration proposed an additional \$9 billion in cuts from the Medicare program, on top of the BBA savings.

All of this began to spell disaster for American hospitals, the backbone of our nation's health care delivery system and those health care providers most heavily dependent on, and sensitive to, the Medicare system. Last year, I and many of my colleagues in Congress began to hear from hospital administrators, trustees, and health professionals that they were struggling to maintain their quality and variety of health services in the face of mounting budgetary pressures. With the HCFA-imposed cuts they were seeing, many well-reputed and efficiently run hospitals even began for the first time to run deficits and to project closure in the next few years.

For many of these hospitals, particularly those in the rural areas of our nation, to close would mean not only the loss of life-saving medical services to the residents of the area, but also the loss of one of the core components of the local community. Jobs would be lost, businesses would wither, and the sense of community and stability that a local hospital brings would suffer.

The Balanced Budget Refinement Act Congress passed last year made the situation a little brighter for a number of these struggling hospitals. It eases the transition from cost-based reimbursement to prospective payment for hospital outpatient services, it restores some of the cuts to disproportionate share ("DiSh") payments, and it provides targeted relief for teaching hospitals and cancer and rehabilitation hospitals.

I was particularly pleased that the bill contained a portion of the legislation I introduced last year, an expanded version of which I am introducing today. While my bill proposed restoring in-patient inflation adjustments for all hospitals, the final legislative package included such relief only for fiscal year 2000 and only for designated "sole community provider" hospitals. While this was a step in the right direction, more must be done not only to ensure survival among our nation's hospitals, but also to ensure that they continue to be able to provide the

highest level and quality of care that they can to their patients.

Hospitals continue to struggle to meet the continued rise in personnel costs, prescription drugs, and blood supplies, just to name a few areas. And this is coming at a time when hospitals are being doubly squeezed by the pressures of flat or reduced government health care reimbursement rates and the rapid growth of cost-conscious managed care private insurance.

The bill we are introducing today will make sure that hospitals are able to adjust to these changes by ensuring that their Medicare payments for their in-patient services actually keep up with the rate of hospital inflation. It will restore the full 1.1 percent in scheduled reductions from the annual inflation updates for in-patient services called for by the BBA. Moreover, rather than just applying to a small group of hospitals, this legislation would benefit every hospital in America, providing an estimated \$6.9 billion in additional Medicare payments over the next five years.

Mr. President, I realize that this bill will require some budgetary offset, and that the overall goal of maintaining a solvent and strong Medicare system for our nation's seniors is and will remain the overriding goal. I look forward to working with my colleagues on both sides of the aisle to ensure that this bill meets that objective and fits within our overall budget constraints.

But I believe that, as we enter a new millennium and a new era of medical breakthroughs the likes of which we can only now dream about, we simply must continue to invest in the core infrastructure of our nation's health delivery system—our hospitals. Doing so will ensure the future health and longevity of all Americans. This bill will take a significant step in that direction, and I urge my colleagues to cosponsor and support it.

By Mr. BROWNBACK (for himself, Mr. LEAHY, Mr. COCHRAN, Mr. JEFFORDS, Mr. HELMS, Mr. DURBIN, Mr. LUGAR, Mr. EDWARDS, Mr. VOINOVICH, Mr. MCCAIN, and Mrs. FEINSTEIN):

S. 2021. A bill to prohibit high school and college sports gambling in all States including States where such gambling was permitted prior to 1991; to the Committee on the Judiciary.

HIGH SCHOOL AND COLLEGE GAMBLING PROHIBITION ACT

Mr. BROWNBACK. Mr. President, today I introduce a bill along with Senators LEAHY, COCHRAN, JEFFORDS, HELMS, DURBIN, LUGAR, EDWARDS, VOINOVICH, MCCAIN, and FEINSTEIN, which seeks to protect the integrity of high school and college sports and reduce the unseemly influences that gambling has on our student athletes.